

City Of Greenville  
and  
Greenville Utilities Commission  
Minority And Women Business Enterprise (MWBE) Program  
Certification Application  
P. O. Box 7207  
201 Martin Luther King, Jr. Drive  
Greenville, N. C. 27835-7207  
252-329-4462 252-329-4464 fax  
www.greenvillenc.gov

**BUSINESS PROFILE**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Toll Free Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Year company was established: \_\_\_\_\_ Number of years in business: \_\_\_\_\_

Number of years work experience: \_\_\_\_\_ Number of employees: \_\_\_\_\_

**OWNERSHIP**

Check Appropriate Ownership Category:

Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Ownership of firm: Identify person(s) with ownership. (Percentage should total 100%)

Name	Years Owned	Owner % (see classification below)	Race	Sex	Disabled Yes or No
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_____					
_____					
_____					
_____					

Race Classification

African-American	American Indian	Asian-Indian American
Asian-Pacific American	Caucasian (non-minority)	Hispanic American
Other (specify) _____		

Are the management and daily business operations of the firm controlled by the minority group member(s) or female(s) listed above as owning at least 51% interest or stock in the firm? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHECK APPROPRIATE BUSINESS CATEGORY FOR YOUR COMPANY - CHECK ALL THAT APPLY**

- ☐ Small Business (Less Than 100 Employees and Annual Sales Less Than \$500,000)  
☐ Company Is An Equal Opportunity Employer  
☐ Company Has An Affirmative Action Plan

As a bidder, would your company be able to obtain a bid performance bond?  
Yes \_\_\_\_\_ No \_\_\_\_\_

As a matter of information, if not familiar with the bonding process, would you like an explanation from the City?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Has your company provided products & services in the past to the City of Greenville?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Is your company presently providing products and/or services to the City of Greenville?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Are you presently certified as a MWBE business with other cities or agencies?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the cities or agencies and the expiration date. Also attach a copy of the MWBE certification issued from each city or agency.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TYPE OF BUSINESS:**

Please check the appropriate category which best describes the service your company offers. If choosing the construction or design services category, also check the boxes that best describes the services your company performs.

☐**Construction**

- |   |   |
|---|---|
| <input type="checkbox"/> General Contractor       | <input type="checkbox"/> Non-Residential Building         |
| <input type="checkbox"/> Residential Building     | <input type="checkbox"/> Electrical Work                  |
| <input type="checkbox"/> Heating/Air Conditioning | <input type="checkbox"/> Plumbing                         |
| <input type="checkbox"/> Carpentry                | <input type="checkbox"/> Plastering, Drywall/Installation |
| <input type="checkbox"/> Paint & Paper Hanging    | <input type="checkbox"/> Roofing                          |
| <input type="checkbox"/> Siding & Sheet Metal     | <input type="checkbox"/> Masonry & Other Stone Work       |
| <input type="checkbox"/> Wrecking/Demolition      | <input type="checkbox"/> Excavation Work                  |
| <input type="checkbox"/> Highway/Street Repair    | <input type="checkbox"/> Utility Lines                    |
| <input type="checkbox"/> Water/Sewer Lines        | <input type="checkbox"/> Landscaping                      |
| <input type="checkbox"/> Fire Sprinkler Systems   | <input type="checkbox"/> Other (specify:_____)            |

☐**Design Services**

- |   |   |
|---|---|
| <input type="checkbox"/> Architectural Services | <input type="checkbox"/> Engineering Services |
|---|---|

☐**Distribution/Supplier**

Specify: \_\_\_\_\_

☐**Manufacturer**

Specify: \_\_\_\_\_

☐**Professional Service**

Specify: \_\_\_\_\_

☐**Retailer**

Specify: \_\_\_\_\_

☐**Retail/Service**

Specify: \_\_\_\_\_

☐**Service**

Specify: \_\_\_\_\_

☐**Transportation**

Specify: \_\_\_\_\_

☐**Wholesaler**

Specify: \_\_\_\_\_

Additional Information and/or Comments:

**CONSTRUCTION CONTRACTORS ONLY:**

A. Is Your Firm Licensed: Yes \_\_\_\_\_ No \_\_\_\_\_

B. State License Number: \_\_\_\_\_

C. Type Of License (\$ Amount) \_\_\_\_\_

D. Limit Of License (\$ Amount) \_\_\_\_\_

E. Name Of Bonding Company (If Applicable) \_\_\_\_\_

F. Bonding Limit: \_\_\_\_\_

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A City of Greenville Vendor Application is enclosed for completion and should be returned with this MWBE Certification Application. A Greenville Utilities Vendor Information Form can be obtained at [www.guc.com](http://www.guc.com). After placement on our vendor lists, repeated failure of the vendor to respond to request for price quotes, bid proposal and other inquiries may result in removal from our vendor lists.

When requesting initial certification you must provide the City of Greenville with a copy of your incorporation documents and your Federal Tax ID Number.

You will be required to submit a Schedule A to renew your MWBE certification two (2) years from your initial certification date in order to remain on the certified MWBE listing. The City will provide you with the appropriate forms at that time.

***If at any time during the certification period there is a change in the ownership and/or control of your firm, you are required to notify this office of such changes in writing.***

\_\_\_\_\_  
Signature of Owner Or Company Representative

\_\_\_\_\_  
Date

FORWARD TO:  
CITY OF GREENVILLE M/WBE PROGRAM  
P. O. BOX 7207, GREENVILLE, N.C. 27835-7207

TO BE COMPLETE BY THE MWBE OFFICE:

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_